

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		217293.89
(b) Cash on Hand at Beginning of Reporting Period.....	229872.27	
(c) Total Receipts (from Line 19)	23556.49	128134.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	253428.76	345428.76
7. Total Disbursements (from Line 31).....	54043.00	146043.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	199385.76	199385.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19621.17	60746.58
(ii) Unitemized	3890.32	67163.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23511.49	127910.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23511.49	127910.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	45.00	224.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23556.49	128134.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23556.49	128134.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	97000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	23043.00	49043.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54043.00	146043.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54043.00	146043.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23511.49	127910.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23511.49	127910.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. PAUL R LEODLER
Full Name (Last, First, Middle Initial)

Mailing Address 7001 SEAVIEW AVE NW
SUITE 150-17

City SEATTLE State WA Zip Code 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHYSICAL SECURI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR7800613668

Amount of Each Receipt this Period 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. BONNIE B B BARFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 1310 DOBSON DRIVE

City WAXHAW State NC Zip Code 28173

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8737733668

Amount of Each Receipt this Period 38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT F F GLOVER
Full Name (Last, First, Middle Initial)

Mailing Address 5633 N KOSTNER AVENUE

City CHICAGO State IL Zip Code 60646

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8737743668

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 126.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. THOMAS E E HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 54 BROOKSIDE LN
City LEMONT State IL Zip Code 60439
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8737753668
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. TONY SZADO
Full Name (Last, First, Middle Initial)
Mailing Address 5342 S LEWISTON CT
City CENTENNIAL State CO Zip Code 80015
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8737763668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. MARK R OVERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 900 WYNDHAM HILL CT
City SOUTHLAKE State TX Zip Code 76092
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.11

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8737773668
Amount of Each Receipt this Period 38.02
P/R Deduction (\$19.01 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 126.02
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LINDA S LOCKYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 NOE STREET
 City SAN FRANCISCO State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8737783668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RONALD A A DEDELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1080 BIG WATER POINT
 City GREENSBORO State GA Zip Code 30642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8737803668
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. LOIS A BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2934 CENTRAL ST #3E
 City EVANSTON State IL Zip Code 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8737813668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 212.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. ADRIANA AYALA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : PR8737853668
Mailing Address 11016 SW 77 CT CIR		Amount of Each Receipt this Period 40.00
City PINECREST	State FL	Zip Code 33156
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANTHONY J J CAPRIO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : PR8737933668
Mailing Address 6 COTTAGE LANE		Amount of Each Receipt this Period 200.00
City MARLBORO	State NJ	Zip Code 07746
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP, SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. KATHY S POPEJOY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : PR8737943668
Mailing Address 11127 W 59TH AVE		Amount of Each Receipt this Period 50.42
City ARVADA	State CO	Zip Code 80004
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.31	P/R Deduction (\$25.21 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	290.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MARYJANE E TEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6315 DUFFY ROAD
 City DELAWARE State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8737953668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$-38.00 Bi-Weekly)

B. FREDERICK D CK D NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7303 DEACON COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 446.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8737963668
 Amount of Each Receipt this Period 81.20
 P/R Deduction (\$40.60 Bi-Weekly)

C. CHRISTOPHER J PHER J ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 GEORGE PIERCE
 City SUWANEE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, QRA MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8737993668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	195.20
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LISA A ASHBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9165 TERRAZZA N CRT
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, CATEGORY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738003668
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DOUGLAS J J KATZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 MCCUE RD
 City MORGANVILLE State NJ Zip Code 07751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738023668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ELIZABETH R TH R CARNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 BROOKSVIEW CIR
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738033668
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 238.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. HARRY T VAIL
Full Name (Last, First, Middle Initial)
Mailing Address 2693 FOX RIVER LN
City NAPERVILLE State IL Zip Code 60565
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT (PR)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738043668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES A WHIDDEN
Full Name (Last, First, Middle Initial)
Mailing Address 10 CHERRY LANE
City CHESTER State NY Zip Code 10918
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, QRA MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738103668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT M M RANDKLEV
Full Name (Last, First, Middle Initial)
Mailing Address 4708 MEANDERING WAY
City COLLEYVILLE State TX Zip Code 76034
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, SOUTHWEST RE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738113668
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 116.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. GEOFFREY Y Y Y MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 57-531 KAMEHAMEHA HWY
 City KAHUKU State HI Zip Code 96731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738123668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. BENJAMIN T N T THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2029 LEWIS CROSSING COURT
 City KELLER State TX Zip Code 76248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738143668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. MICHAEL A A LYNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 E ROSEMARY
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CONSULTING SR EXECUT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738173668
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	498.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)
A. LAUREL BEELER

Mailing Address 1723 EAGLE TRL

City State Zip Code
 OXFORD MI 48371

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, SALES TRAINING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR8738203668

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DAVID A GOLDSBERRY

Mailing Address 321 ST ANDREWS LN

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, DIRECT SALES MGM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR8738213668

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DANIEL L L SWANBERG

Mailing Address 3648 TIERRA PARIS

City State Zip Code
 EL PASO TX 79938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, ENGINEERING MGM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR8738223668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **164.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL L L GROESBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 33916 N SUMMERFIELDS DR
 City GURNEE State IL Zip Code 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738233668
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DEBRA L SCHOTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 THORNWOOD AVENUE
 City WILMETTE State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PATIENT CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738273668
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. GREGG A BREWSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3710 FENCELINE ROAD
 City FRANKSVILLE State WI Zip Code 53126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738283668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	218.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. STEVEN B B MERKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1481 COUNTRY LN
 City DEERFIELD State IL Zip Code 60015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, HR BUS PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738293668
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. FRANK E RIDGWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11513 TOTTENHAM PL
 City RICHMOND State VA Zip Code 23233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738323668
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. CINDY ROSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5090 PK BROOKE WKWY
 City ALPHARETTA State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, SOUTHEAST RE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738333668
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. GREG W STORM
 Full Name (Last, First, Middle Initial)
 Mailing Address 4823 HOMESPUN DR.
 City FAYETTEVILLE State AR Zip Code 72704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.73

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738343668
 Amount of Each Receipt this Period 43.11
 P/R Deduction (\$15.67 Bi-Weekly)

B. STEPHEN A A INACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 S RIDGE ROAD
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation PRES, MEDICAL CHANNE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738353668
 Amount of Each Receipt this Period 75.76
 P/R Deduction (\$37.88 Bi-Weekly)

C. WILFRIDO M O M SOSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 LIVE OAK
 City EL PASO State TX Zip Code 79932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, MANUFACTURING MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738413668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 156.87
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. SUSAN J JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 1813 NEWTON AVENUE

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738453668

Amount of Each Receipt this Period 76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. ROBERT B B HOBGOOD
Full Name (Last, First, Middle Initial)

Mailing Address 203 COBBLESTONE DR

City CHAPEL HILL State NC Zip Code 27516

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738463668

Amount of Each Receipt this Period 38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. EVELYN LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3333 HAWKS RIDGE DR

City LAKELAND State FL Zip Code 33810

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738483668

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 154.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. KATE C SPIRKO
Full Name (Last, First, Middle Initial)

Mailing Address 6812 SPRUCE PINE DR

City COLUMBUS State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt: **05 / 31 / 2012**
Transaction ID : **PR8738513668**

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

B. RACHEL R R STOLL
Full Name (Last, First, Middle Initial)

Mailing Address 420 WAKEFIELD BLUFF COURT

City ALPHARETTA State GA Zip Code 30004

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt: **05 / 31 / 2012**
Transaction ID : **PR8738533668**

Amount of Each Receipt this Period: **38.00**

P/R Deduction (\$19.00 Bi-Weekly)

C. CHARLES L L COBB
Full Name (Last, First, Middle Initial)

Mailing Address 792 ELDORADO DR.

City SUPERIOR State CO Zip Code 80027

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ACCOUNT (STRAT A)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt: **05 / 31 / 2012**
Transaction ID : **PR8738543668**

Amount of Each Receipt this Period: **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **190.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. STACY SEPTER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8738563668
Mailing Address 18 MILLER DRIVE		Amount of Each Receipt this Period 38.00
City SYLACAUGA	State AL	Zip Code 35151
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) B. ENRIQUE L L SANABRIA		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8738583668
Mailing Address 10 ROSEDALE BROOK CT		Amount of Each Receipt this Period 40.00
City THE WOODLANDS	State TX	Zip Code 77381
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. JAMES H HORNER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8738593668
Mailing Address 2706 ISLAND COVE ROAD		Amount of Each Receipt this Period 38.00
City FORT MILL	State SC	Zip Code 29708
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MANUFACTURING M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. PAUL S POGUE
Full Name (Last, First, Middle Initial)

Mailing Address 1174 GREERS LANDING DR

City HERNANDO	State MS	Zip Code 38632
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8738603668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. BRENDA G G BARDEN
Full Name (Last, First, Middle Initial)

Mailing Address 3435 ALTA VISTA DR

City CHATTANOOGA	State TN	Zip Code 37411
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, ACCOUNT MGMT
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8738613668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. DANNY W PENNY
Full Name (Last, First, Middle Initial)

Mailing Address 27 N LAKE AVE

City THIRD LAKE	State IL	Zip Code 60030
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, PACKAGING ENGR
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8738643668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JAY C GREER
Full Name (Last, First, Middle Initial)
Mailing Address 1472 MILL RACE
City ROCHESTER HILLS State MI Zip Code 48306
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8738653668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. MARK MISPLAY
Full Name (Last, First, Middle Initial)
Mailing Address 1811 WINDY HILL LANE
City PROSPER State TX Zip Code 75078
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, DIRECT SALES MG
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8738663668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. CURTIS L L WILENS
Full Name (Last, First, Middle Initial)
Mailing Address 1347 COVENTRY LN
City NORTHBROOK State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, MARKETING RESEA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8738683668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **114.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. TAYLOR H H SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1141 OLD COLONY RD

City LAKE FOREST	State IL	Zip Code 60045
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation SVP, GM SURGICAL PRO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8738693668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. JOHN E GRISDALE
Full Name (Last, First, Middle Initial)

Mailing Address 7135 FODOR

City NEW ALBANY	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT MGMT
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8738743668

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. ROBERT MOULTON
Full Name (Last, First, Middle Initial)

Mailing Address 7017 VIOLET VEIL

City DUBLIN	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FINANCE (GENERA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8738763668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JOSEPH L L BOURQUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 BUSH HILL RD
 City IPSWICH State MA Zip Code 01938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738773668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. STEPHEN REARDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9098 MEDITERRA PLACE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, QRA MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738783668
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. PAUL G FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 ONONDEGA RD
 City NARRAGANSETT State RI Zip Code 02882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738803668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. EDWARD SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 BERNON DRIVE
 City LINCOLN State RI Zip Code 02865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738813668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. DANIEL BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 21614 CANYON FOREST CT
 City KATY State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738823668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. PATRICK J J ECKHERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4509 HUNTER LAKE DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC SOURC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8738833668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 152.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. RENE BLOCH		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8738843668
Mailing Address 401 SPRING DRIVE		Amount of Each Receipt this Period 76.00
City YORKTOWN HEIGHTS	State NY	Zip Code 10598
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EXEC TERRITORY SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANNLEA C C RUMFOLA		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8738853668
Mailing Address 8314 DAVINGTON DR		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, APP DESIGN & DEV
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN A FIACCO		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8738863668
Mailing Address 124 FOX HAVEN DRIVE		Amount of Each Receipt this Period 76.00
City O'FALLON	State MO	Zip Code 63368
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM OPS MGMT -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL D D SYNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 31772 FAIRWAY DR N
 City FORISTELL State MO Zip Code 63348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738883668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ERIC D SUTHERLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 6433 TULIPWOOD LANE
 City JAMESVILLE State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738903668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ANDRE D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2514 BLUE WATER BAY DR
 City KATY State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738933668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. TED L DIBIASE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4954 ROSEGATE COURT
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ORG HEALTH & LAB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738943668
 Amount of Each Receipt this Period
 122.40
 P/R Deduction (\$61.20 Bi-Weekly)

B. SCOTT J VON GLAHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6975 DELMAR BLVD
 City UNIVERSITY CITY State MO Zip Code 63130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738953668
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JOSHUA T T GAINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 5721 CLOVER LANE
 City WESTERVILLE State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & CORP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8738963668
 Amount of Each Receipt this Period
 58.00
 P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	218.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. STEPHEN FLANNERY
Full Name (Last, First, Middle Initial)

Mailing Address 275 EAST CENTER ST

City SHAVERTOWN State PA Zip Code 18708

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.33**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8738983668

Amount of Each Receipt this Period **40.06**

P/R Deduction (\$20.03 Bi-Weekly)

B. CHARLES AQUILINA
Full Name (Last, First, Middle Initial)

Mailing Address 4871 NORMANDY DRIVE

City GALENA State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8738993668

Amount of Each Receipt this Period **38.00**

P/R Deduction (\$19.00 Bi-Weekly)

C. GEORGE J J PLAVA
Full Name (Last, First, Middle Initial)

Mailing Address 3526 PEMBROOKE DR

City RICHMOND State TX Zip Code 77469

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **761.53**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8739033668

Amount of Each Receipt this Period **138.46**

P/R Deduction (\$69.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **216.52**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ROBERT S S SUMMERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 CHASELY CIRCLE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MKTG & PRODUCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739053668
 Amount of Each Receipt this Period 60.70
 P/R Deduction (\$30.35 Bi-Weekly)

B. NATASHA C C NICOL
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 RED TAIL HAWK LOOP
 City PAWLEYS ISLAND State SC Zip Code 29585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739063668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. SEAN M MCCAFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 BUCK RUN RD
 City SOUTHPOINTE State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739073668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	174.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. DEBORAH E E WOLIN		Date of Receipt
Mailing Address 44 LAKE MIST DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
SUGAR LAND	TX	77479
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR8739083668
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	VP, ASC GEN CSL, COM	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) B. STEVEN J J CALLISON		Date of Receipt
Mailing Address 1368 LINCOLN ROAD		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLUMBUS	OH	43212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR8739093668
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	VP, APP DESIGN & DEV	<input type="text" value="36.70"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$18.35 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="201.85"/>	

Full Name (Last, First, Middle Initial) C. SUSAN C JACKSON		Date of Receipt
Mailing Address 260 JENKINS ROAD		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEBANON	TN	37087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR8739123668
Name of Employer	Occupation	Amount of Each Receipt this Period
CARDINAL HEALTH, INC	DIR, OPERATIONS MGMT	<input type="text" value="38.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="209.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="114.70"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JOHN O GINN
Full Name (Last, First, Middle Initial)

Mailing Address 10120 TAN RARA DRIVE

City KNOXVILLE State TN Zip Code 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, INVENTORY MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739163668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. DEBORAH BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 3204 STONEBRIDGE TR

City VALRICO State FL Zip Code 33596

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, HEALTH SYSTEM P

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739173668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. GARY G CACCIATORE
Full Name (Last, First, Middle Initial)

Mailing Address 3810 LOCH GLEN CT

City HOUSTON State TX Zip Code 77059

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, REGULATORY (ATTY)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739193668

Amount of Each Receipt this Period
 72.32

P/R Deduction (\$36.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.32

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. RICHARD F F COLLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 21ST AVE CT SE
 City PUYALLUP State WA Zip Code 98372-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739203668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES L SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9318 PRATOLINA VILLA DRIVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, NATIONAL MARKET
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739223668
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. BRADLEY G G COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2589 AIKIN CIRCLE S
 City LEWIS CENTER State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739243668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	214.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. WILLIAM OWAD		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739253668
Mailing Address 7558 HEATHERWOOD LN		Amount of Each Receipt this Period 200.60
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.30 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP, OPERATIONAL EXC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1103.30	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER PHER ATZBACH		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739283668
Mailing Address 524 GARDEN DRIVE		Amount of Each Receipt this Period 38.00
City MARYSVILLE	State OH	Zip Code 43040
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, GENERAL ACCTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) C. LISA A STILLINGS		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739293668
Mailing Address 5833 WHITECRAIGS CT		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, FIN PLNG & ANAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional).....▶	276.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 112
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JEFFREY B B BRANNON
Full Name (Last, First, Middle Initial)
Mailing Address 3965 CLEARLAKE CIRCL
City ZANESVILLE State OH Zip Code 43701
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8739303668
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. CRAIG P COWMAN
Full Name (Last, First, Middle Initial)
Mailing Address 6851 KILLILEA DRIVE
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, PRODUCT MANAGEM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8739313668
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. LORI S HAVLOVITZ
Full Name (Last, First, Middle Initial)
Mailing Address 8969 SUNNINGDALE LANE
City DUBLIN State OH Zip Code 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8739323668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 188.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. TRACY K GODFREY
Full Name (Last, First, Middle Initial)

Mailing Address 3684 BROADLEAF AVE

City ELGIN State IL Zip Code 60124

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, STRATEGIC PRICI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8739333668

Amount of Each Receipt this Period: 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. MARK D ZAWADZKI
Full Name (Last, First, Middle Initial)

Mailing Address 5991 KITCHEN CT

City HILLIARD State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, FINANCE (GENERAL)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8739343668

Amount of Each Receipt this Period: 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. MARGARET M T M LAVALLE
Full Name (Last, First, Middle Initial)

Mailing Address 9410 CULROSS CT

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: SVP, HR SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8739353668

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JOSEPH S S HODGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 GNARLED PINE DRIVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8739363668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL C C KAUFMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7160 TEMPERANCE POINT ST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation CEO, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8739383668
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. GREGORY BOGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7746 POLO LANE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, APP DESIGN & DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8739393668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 460.60
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ANGELA M M THOMAS
Full Name (Last, First, Middle Initial)

Mailing Address 9287 WINDY CREEK DR

City COLUMBUS State OH Zip Code 43240

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8739403668

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

B. AMY P SNOW
Full Name (Last, First, Middle Initial)

Mailing Address 5760 WHITECRAIGS CT

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8739413668

Amount of Each Receipt this Period **38.00**

P/R Deduction (\$19.00 Bi-Weekly)

C. PETER A STOY
Full Name (Last, First, Middle Initial)

Mailing Address 1955 ENCLAVE DRIVE

City MT PLEASANT State SC Zip Code 29464

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8739423668

Amount of Each Receipt this Period **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **154.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LAURA L SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 5828 IVY BRANCH DR
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, SALES OPERATION
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8739463668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. KEVIN M KANNALLY
Full Name (Last, First, Middle Initial)
Mailing Address 14529 ROBINSON RD
City PLAIN CITY State OH Zip Code 43064
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **418.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8739473668
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$38.00 Bi-Weekly)

C. DANA R THACKER
Full Name (Last, First, Middle Initial)
Mailing Address 2934 GRIFFIN DR
City LEWIS CENTER State OH Zip Code 43035
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8739483668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **152.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)
A. JAMES P COMBS

Mailing Address 69259 LEE ROAD

City State Zip Code
 ST CLAIRSVILLE OH 43950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC, ACCOUNT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739493668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MICHAEL P P KENNEDY

Mailing Address 4783 VISTA RIDGE DR

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, COMPLIANCE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1103.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739503668

Amount of Each Receipt this Period
 200.60

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CYNTHIA S S RHOMBERG

Mailing Address 9379 REDAN COURT

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, MARKETING MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739533668

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 314.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. CAROLYN E E GRANT		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739543668
Mailing Address 6869 MEADOW GLEN DR		Amount of Each Receipt this Period 76.00
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR , GOVERNMENT REL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KRISTINA J A J KALLMEYER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739553668
Mailing Address 3940 VILLAGE CLUB DRIVE		Amount of Each Receipt this Period 40.00
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (HEALTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. AARON L PITTS		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739573668
Mailing Address 5014 CLOSEBURN CT		Amount of Each Receipt this Period 100.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, STRATEGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	216.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. TROY L HANSON
Full Name (Last, First, Middle Initial)
Mailing Address 5622 DORSEY DRIVE

City COLUMBUS	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8739583668

Amount of Each Receipt this Period

90.68

P/R Deduction (\$45.34 Bi-Weekly)

B. PATRICK A A SELLS
Full Name (Last, First, Middle Initial)
Mailing Address 4077 PIONEER COURT

City POWELL	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HR BUSINESS PAR
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8739613668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. CASSANDRA E RA E BAKER
Full Name (Last, First, Middle Initial)
Mailing Address 1751 BARRINGTON RD

City UPPER ARLINGTON	State OH	Zip Code 43221
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, GOVT RELATIONS M
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **710.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8739643668

Amount of Each Receipt this Period

129.10

P/R Deduction (\$64.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	257.78
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. JAMES M BARKER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739663668
Mailing Address 2761 SKELTON LN		Amount of Each Receipt this Period 59.64
City BLACKLICK	State OH	Zip Code 43004
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, MANUFACTURING MG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.02	P/R Deduction (\$33.65 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. STEPHEN T T FALK		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739683668
Mailing Address 2175 LANE RD		Amount of Each Receipt this Period 200.00
City COLUMBUS	State OH	Zip Code 43220
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation EVP & GENERAL COUNSEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CAROLE S S WATKINS		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8739723668
Mailing Address 1967 WOODLANDS PLACE		Amount of Each Receipt this Period 384.60
City POWELL	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation CHIEF HUMAN RESOURCE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	644.24
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JON GIACOMIN
Full Name (Last, First, Middle Initial)
Mailing Address 6792 INGALLS CT
City GALENA State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EVP, OPERATIONS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8739743668
Amount of Each Receipt this Period **150.00**
P/R Deduction (\$75.00 Bi-Weekly)

B. DALE A HILL
Full Name (Last, First, Middle Initial)
Mailing Address 5931 HERITAGE FARMS DR
City HILLIARD State OH Zip Code 43026
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM STRAT SOU
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8739753668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. ANNE F MCCLUSKEY
Full Name (Last, First, Middle Initial)
Mailing Address 10910 E SAN TAN BLVD
City SUN LAKES State AZ Zip Code 85248
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8739763668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **226.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL WOHLFEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 CALEDONIA LANE
 City State Zip Code
 CRYSTAL LAKE IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, ACCOUNT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739773668
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. ROBERT GIACALONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7471 BALFOURE CIRCLE
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, REG AFFAIRS/CHF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739783668
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. PAMELA S S HOLOHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 E WASHINGTON ST
 City State Zip Code
 GARDNER IL 60424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC EXEC, ACCOUNT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739793668
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DEBRA A FLUNO
Full Name (Last, First, Middle Initial)

Mailing Address 622 SUNNYSIDE AVE

City GURNEE State IL Zip Code 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739803668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. MICHAEL D D BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 3103 SADDLE RIDGE

City RICHMOND State TX Zip Code 77406

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739823668

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. JACQUELINE A INE A GLEASON
Full Name (Last, First, Middle Initial)

Mailing Address N 7896 VALLEY VIEW RD

City NEW GLARUS State WI Zip Code 53574

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739873668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 152.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ANTHONY D D WOO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6151 HADDO WAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORP DEVEL, FIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739883668
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. TERESA M M JANZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2431 N. 84TH STREET
 City WAUWATOSA State WI Zip Code 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739893668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. KATHRYN J J ABLEIDINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 ASHBURY CT
 City HUDSON State WI Zip Code 54016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739903668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DANIEL R R ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8124 CROOKED OAKS CT
 City GAINESVILLE State VA Zip Code 20155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, PHARMACY OPERATI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739913668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. STEVE M LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4868 CARRIGAN RIDGE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC SVP, RETAIL INDEPEND
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739923668
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GORDON A A CRAWFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 RICHARDS RD.
 City UTICA State OH Zip Code 43080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, IT PROG/PROJ MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739933668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	314.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DAVID LAWRENCE
Full Name (Last, First, Middle Initial)

Mailing Address 326 VINWOOD LANE

City POWELL State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR8739943668

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. MARK E ROSENBAUM
Full Name (Last, First, Middle Initial)

Mailing Address 632 CHEOWA CIRCLE

City KNOXVILLE State TN Zip Code 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation CHIEF CUSTOMER OFFIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
05 / 31 / 2012
Transaction ID : PR8739953668

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. STUART MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 9711 CONCORD RIDGE

City BRENTWOOD State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR8739973668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 522.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LAWRENCE E MALHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 LONE OAK DRIVE
 City State Zip Code
 WHITE HOUSE TN 37188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, TERRITORY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8739983668
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. THEOTIS WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14607 VILLALONGA LN
 City State Zip Code
 CHARLOTTE NC 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ACCOUNT (HEALTH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740023668
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. DAVID E GAJESKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 352 DORADO BEACH EAST
 City State Zip Code
 DORADO PR 00646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDINAL HEALTH, INC VP, SALES OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740033668
 Amount of Each Receipt this Period
 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL E E COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1539 HIGHWAY 135
 City RAYVILLE State LA Zip Code 71269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL SPEC -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740073668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KENDELL F F SHERRER
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 SOUTH PARKVIEW AVENUE SUITE 305
 City BEXLEY State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.21

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740083668
 Amount of Each Receipt this Period 40.22
 P/R Deduction (\$20.11 Bi-Weekly)

C. GARY B ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6146 BALMORAL DRIVE
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP/GM, MIDWEST REGI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740093668
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 118.22
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. ERIC M NORMAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8740103668
Mailing Address 7170 KINGSCOTE CT.		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HUMAN RESOURCES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. THERESA L L GOULD		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8740133668
Mailing Address 3418 BIG HICKORY DR.		Amount of Each Receipt this Period 50.00
City KINGWOOD	State TX	Zip Code 77345
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, HR BUSINESS PART
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. TINA M STAVINOHA		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8740143668
Mailing Address 125 ARROW ROAD		Amount of Each Receipt this Period 38.00
City EAGLE LAKE	State TX	Zip Code 77434
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, LEARNING MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. CONNIE WOODBURN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8740153668
Mailing Address 9761 ERIN WOODS DR		Amount of Each Receipt this Period 270.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, PROF & GOVT REL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1485.00	P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBBIE D D JORGENSEN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8740163668
Mailing Address 578 MORTS DRIVE		Amount of Each Receipt this Period 76.00
City WENTZVILLE	State MO	Zip Code 63385
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. BRIAN WORTH		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8740193668
Mailing Address 5654 ROTHESAY DRIVE		Amount of Each Receipt this Period 50.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation SVP, HR BUSINESS PAR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	396.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DAVID S OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 12211 CLEARFORK DR

City HOUSTON State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, PHARMACY OPERAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8740233668

Amount of Each Receipt this Period: 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. ERIC C CHRISTENSEN
Full Name (Last, First, Middle Initial)

Mailing Address 2481 SUTTER PARKWAY

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: VP, ASC GEN CSL, COM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8740243668

Amount of Each Receipt this Period: 50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. RAYMOND GROTZINGER
Full Name (Last, First, Middle Initial)

Mailing Address 0836 SW CURRY ST # 102

City PORTLAND State OR Zip Code 97239

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, MULTI-FUNCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8740273668

Amount of Each Receipt this Period: 38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 126.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ROBERT G G MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10201 SYLVIAN DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740283668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DAVID M ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4801 THOR WAY
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740293668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. RICHARD J J ROSENFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4827 ROCKWOOD DRIVE
 City WAXHAW State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARM OPS & ACC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740303668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. BLAIR R WILLIAMS
Full Name (Last, First, Middle Initial)
Mailing Address 663 LYNNFIELD DR
City WESTERVILLE State OH Zip Code 43081
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, HR MANAGEMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **418.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740313668
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$38.00 Bi-Weekly)

B. ANDREW R R KELLER
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3732
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **418.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740333668
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$38.00 Bi-Weekly)

C. SIDNEY P P PHILLIPS
Full Name (Last, First, Middle Initial)
Mailing Address 1285 PLOVER CIR
City PONDER State TX Zip Code 76259
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR,CLINICAL OPS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740353668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **190.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ERIC M JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8078 TRAIL LAKE DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, FINANCE (GENERAL)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740403668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. JILL F LANOUILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 OLD FARM ROAD
 City GRANVILLE State OH Zip Code 43023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, COMMUNICATION MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740413668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. DONNA B MANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 MCVEY BLVD
 City WEST WORTHINGTON State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740423668
 Amount of Each Receipt this Period 54.38
 P/R Deduction (\$27.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	168.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. KEVIN HARRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 BREEZEWOOD LN
 City GALENA State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740453668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. LAUREN E E FIELDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4316 OAK WOOD COURT
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, KNOWLEDGE MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740463668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ERNEST P ROGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 RHINESTONE COURT
 City ELIZABETHTOWN State KY Zip Code 42701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740473668
 Amount of Each Receipt this Period -38.00
 P/R Deduction (\$-38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	38.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MARC D DELORENZO
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 TILLER DRIVE
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740493668
 Amount of Each Receipt this Period **76.00**
 P/R Deduction (\$38.00 Bi-Weekly)

B. LINDA L GORDIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 TULARE CT
 City UPLAND State CA Zip Code 91784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740513668
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. WILLIAM B B CHRISTIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 LITTLEPORT LANE
 City ACWORTH State GA Zip Code 30101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740533668
 Amount of Each Receipt this Period **76.00**
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **192.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ERIC T BOLLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 13162 THORNTON DRIVE
 City FRISCO State TX Zip Code 75035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740543668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. MARY W BAXTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9601 ST REGIS TERR
 City RICHMOND State VA Zip Code 23236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, PHARM OPS & ACCO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740553668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

C. KIMBERLY A Y A ROBINETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9409 AVE MORE CT.
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, FINANCE (SS) MG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740573668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. PAUL T BUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 66 W BEECHWOLD BLVD

City COLUMBUS State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, IT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : PR8740593668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. CAMERON J J BRADY
Full Name (Last, First, Middle Initial)

Mailing Address 744 W. CORNELIA AVE.
UNIT #1

City CHICAGO State IL Zip Code 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, BUS INTEGRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : PR8740623668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. SCOTT WOLFF
Full Name (Last, First, Middle Initial)

Mailing Address 3446 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONAL EXC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : PR8740653668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. BRIAN K SINGLETON
Full Name (Last, First, Middle Initial)
Mailing Address 2521 EAST 31ST STREET
City TULSA State OK Zip Code 74105
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740663668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. JOHN S LINDSEY
Full Name (Last, First, Middle Initial)
Mailing Address 50 TIMBERKNOLL LOOP
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, ENTERPRISE INFR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **418.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740673668
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$38.00 Bi-Weekly)

C. CRAIG C BARANSKI
Full Name (Last, First, Middle Initial)
Mailing Address 12 MASSINA DR
City WHEELING State WV Zip Code 26003
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8740683668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **152.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JAMES E BACH
Full Name (Last, First, Middle Initial)

Mailing Address 26061 TWIN POND RD

City LAKE BARRINGTON State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, INVENTORY MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8740693668

Amount of Each Receipt this Period **76.00**

P/R Deduction (\$38.00 Bi-Weekly)

B. BRIAN R BUSS
Full Name (Last, First, Middle Initial)

Mailing Address 7483 BARDSTON DRIVE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8740703668

Amount of Each Receipt this Period **38.00**

P/R Deduction (\$19.00 Bi-Weekly)

C. ROBERT M M GABEL
Full Name (Last, First, Middle Initial)

Mailing Address 1605 BERLIN STATION RD

City DELAWARE State OH Zip Code 43015

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, RISK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR8740713668

Amount of Each Receipt this Period **38.00**

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. HARRY BEDGOOD
Full Name (Last, First, Middle Initial)
Mailing Address 105 LEE SMITH LANE
City KERNERSVILLE State NC Zip Code 27284
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, OP EXCELLENCE D
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740743668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY W W HENDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 347 MORGAN LN
City GAHANNA State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation CHIEF FINANCIAL OFFI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740753668
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. JOHN J BYRNES
Full Name (Last, First, Middle Initial)
Mailing Address 161 TUCKER DR
City WORTHINGTON State OH Zip Code 43085
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, TAX TECHNICAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740763668
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ANDREW GRANT
Full Name (Last, First, Middle Initial)

Mailing Address 35941 DARCY STREET

City MURRIETA State CA Zip Code 92562

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740773668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. KENNETH H H ROBINETTE
Full Name (Last, First, Middle Initial)

Mailing Address 9409 AVE MORE CT.

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740783668

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. JASON D MAXWELL
Full Name (Last, First, Middle Initial)

Mailing Address 837 VALLEY ROAD

City LAKE FOREST State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, LIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740793668

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 154.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. CRAIG E DAVIS		Date of Receipt
Mailing Address 15340 GINA LYNN COURT		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
JACKSON	CA	95642
FEC ID number of contributing federal political committee.		Transaction ID : PR8740803668
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
CARDINAL HEALTH, INC	DIR, ACCOUNT MGMT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="209.00"/>	

Full Name (Last, First, Middle Initial) B. TIMOTHY W W BOWER		Date of Receipt
Mailing Address 1561 LITTLE FALLS DR		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
CENTERVILLE	OH	45458
FEC ID number of contributing federal political committee.		Transaction ID : PR8740813668
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
CARDINAL HEALTH, INC	DIR, ACCOUNT MGMT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="209.00"/>	

Full Name (Last, First, Middle Initial) C. DONALD S S LUCHINI		Date of Receipt
Mailing Address 212 LAKESIDE DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MCKEES ROCKS	PA	15136
FEC ID number of contributing federal political committee.		Transaction ID : PR8740823668
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.00"/>
Name of Employer	Occupation	P/R Deduction (\$19.00 Bi-Weekly)
CARDINAL HEALTH, INC	DIR, FINANCE (GENERA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="209.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="114.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DENNIS W W BRAUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5667 MEDALLION DR WEST
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, FINANCE MEDICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740833668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. JEFFREY E E GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1570 CAMBRIDGE BLVD
 City MARBLE CLIFF State OH Zip Code 43212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ENTERPRISE ARCHI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740863668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. AMELIA D D MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5864 LAKEVIEW DR
 City HILLIARD State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, REGULA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8740873668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. BENNY SLEDGE
Full Name (Last, First, Middle Initial)

Mailing Address 8016 W 138TH TERRACE

City OVERLAND PARK State KS Zip Code 66223

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (STRAT A)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR8740893668

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. JAMES W HILLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOODSTREAM DR

City GRAND ISLAND State NY Zip Code 14072

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, DIRECT SALES MGM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR8740903668

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

C. COLLEEN GREINER
Full Name (Last, First, Middle Initial)

Mailing Address 619 GUIDE ROAD

City TABOR CITY State NC Zip Code 28463

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation EXEC, ACCOUNT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR8740913668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **174.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. KATHLEEN N HILLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 WOODSTREAM DR
 City GRAND ISLAND State NY Zip Code 14072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740923668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. GREGORY J J HALVACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7402 OVERLAND TRAIL
 City DELAWARE State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, CORPORATE SECUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740943668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. MICHAEL A A MONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 SCENIC CREEK DR
 City POWELL State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, QRA MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740953668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 152.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MICHAEL A A DUFFY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6825 MACNEIL DR
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, GLOBAL MFG & SU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740963668
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. STANLEY L L NAGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5771 OLDENBURGH WAY
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, HR BUSINESS PART
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8740973668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. VANETT MARSHALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5585 PINE CONE CT
 City LIBERTY TOWNSHIP State OH Zip Code 45044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, INSIDE SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741003668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 154.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. MARTHA HUSTON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741013668
Mailing Address 490 E. SUNBURST LN		Amount of Each Receipt this Period 100.00
City TEMPE	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation SVP/GM, WEST REGION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. LISA MARLING-GEORGE		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741023668
Mailing Address 10502 MACKENZIE WAY		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, TALENT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) C. DONALD C C GREENWOOD		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741033668
Mailing Address 323 OLD DUNN COURT		Amount of Each Receipt this Period 50.00
City LAKE MARY	State FL	Zip Code 32746
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC	Occupation VP, ACCOUNT (STRAT A)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	188.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ANDREW T T ALDERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 LEICESTER PL.
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, STRATEGY & BUS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741053668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. SHELLEY A A BIRD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7998 CARAWAY AVE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation EVP, PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741063668
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. ROBERT S S THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8338 AMBERLEIGH WAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OP EXCELLENCE DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741073668
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 326.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. ANDREW W W WEHR
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 LITTLE BEAR LOOP
 City LEWIS CENTER State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIRECTOR, EH&S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741083668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. RONALD BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 NEWALBANYLINKDR
 City NEW ALBANY State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741093668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ISMAEL VILLARREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7302 EMERALD GLEN DR
 City SUGAR LAND State TX Zip Code 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, OPERATIONS MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741103668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	152.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DAVID R DION
Full Name (Last, First, Middle Initial)
Mailing Address 182 N FLORA PARKWAY
City ADDISON State IL Zip Code 60101
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, QUALITY ASSURAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741113668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. SCOTT CLAUS
Full Name (Last, First, Middle Initial)
Mailing Address 8413 LYLWOOD COURT
City CHESTERFIELD State VA Zip Code 23838
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TRANSPORTATION
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741123668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. DAVID A GONZALES
Full Name (Last, First, Middle Initial)
Mailing Address 384 COLORADO DRIVE
City CEDAR CREEK State TX Zip Code 78612
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR , GOVERNMENT REL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741133668
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 176.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MAUREEN GIRARD
Full Name (Last, First, Middle Initial)

Mailing Address 130 N GARLAND

City CHICAGO State IL Zip Code 60602

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, MKTG & PRODUCT M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741143668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. JESSICA L L MAYER
Full Name (Last, First, Middle Initial)

Mailing Address 4852 CARRIGAN RIDGE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, BUS MGMT (ATTY)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741173668

Amount of Each Receipt this Period
 60.00

P/R Deduction (\$30.00 Bi-Weekly)

C. DENTON F F HEWITT
Full Name (Last, First, Middle Initial)

Mailing Address 1527 BERKSHIRE ROAD

City UPPER ARLINGTON State OH Zip Code 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMPENSATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741183668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. STUART G G LAWS
Full Name (Last, First, Middle Initial)
Mailing Address 5635 CYPRESS COURT
City WESTERVILLE State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, CHIEF ACCOUNTIN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8741203668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. BONNY FOWLER
Full Name (Last, First, Middle Initial)
Mailing Address 214 CHERRY STREET
City GRANVILLE State OH Zip Code 43023
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, COMMUNICATION M
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8741233668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. ANNEMARIE IE LA BUE
Full Name (Last, First, Middle Initial)
Mailing Address 1877 TEWKSBURY RD
City UPPER ARLINGTON State OH Zip Code 43221
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, ASC GEN CSL, LAB
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8741243668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 114.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. BALAN NAGARAJAN
Full Name (Last, First, Middle Initial)

Mailing Address 8114 SUMMERHOUSE DR W

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, MKTG & PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8741263668

Amount of Each Receipt this Period: 38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. STEPHEN A A KIEWIET
Full Name (Last, First, Middle Initial)

Mailing Address 804 GLENCORSE DR

City SAINT PETERS State MO Zip Code 63304

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, OPERATIONS MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8741273668

Amount of Each Receipt this Period: 38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. ALAN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 6612 N. CREEKWOOD DR

City BRENTWOOD State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer: CARDINAL HEALTH, INC Occupation: DIR, QUALITY ASSURAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt: 05 / 31 / 2012
Transaction ID : PR8741283668

Amount of Each Receipt this Period: 76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. RONALD T T FANNING		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741293668
Mailing Address 433 WILSHIRE BLVD		Amount of Each Receipt this Period 38.00
City LIBERTY	State MO	Zip Code 64068
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN R WILLIAMS		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741303668
Mailing Address 7026 BLAKEMORE LANE		Amount of Each Receipt this Period 76.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, MARKETING MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. SANJEETH H PAI		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741353668
Mailing Address 367 CEDAR TRACE		Amount of Each Receipt this Period 38.00
City XENIA	State OH	Zip Code 45385-9392
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, PHARM STRAT SOUR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. CHRISTINE L NE L BENTLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12283 SOUTH PARKER STREET
 City OLATHE State KS Zip Code 66061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, EXEC CNSLT, SCI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741363668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. KEVIN L MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 CATALINA COURT
 City MACON State MO Zip Code 63552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, MANUFACTURING M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741383668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. JOSEPH A A GOTTRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 874 AYLESBURY DRIVE
 City GAHANNA State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, PHARMACEUTICAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741393668
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 116.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JEFFREY A A CRIST
Full Name (Last, First, Middle Initial)
Mailing Address 14177 PERFECT RD.
City SUNBURY State OH Zip Code 43074
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741423668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. MATTHEW S MARGOLIES
Full Name (Last, First, Middle Initial)
Mailing Address 3065 SUMMER LEAF CT
City GALENA State OH Zip Code 43021
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, SALES & MARKETI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741443668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$38.00 Bi-Weekly)

C. JOHN C RADEMACHER
Full Name (Last, First, Middle Initial)
Mailing Address 5006 ROSALIND LANE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation PRESIDENT, NUCLEAR &
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741483668
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 276.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DIANNE RADIGAN
Full Name (Last, First, Middle Initial)
Mailing Address 900 EASTCHESTER DR
City State Zip Code
GAHANNA OH 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CARDINAL HEALTH, INC DIR, COMMUNITY RELAT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8741513668
Amount of Each Receipt this Period 76.00
P/R Deduction (\$38.00 Bi-Weekly)

B. SALLY CURLEY
Full Name (Last, First, Middle Initial)
Mailing Address 9035 ESIN COURT
City State Zip Code
POWELL OH 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CARDINAL HEALTH, INC SVP, INVESTOR RELATI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8741523668
Amount of Each Receipt this Period 150.00
P/R Deduction (\$75.00 Bi-Weekly)

C. GEORGE S S BARRETT
Full Name (Last, First, Middle Initial)
Mailing Address 1038 MILL RD CIRCLE
City State Zip Code
RYDAL PA 19046
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CARDINAL HEALTH, INC CHAIRMAN/CEO, CARDIN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8741533668
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 610.60
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MARK PILKINGTON
Full Name (Last, First, Middle Initial)

Mailing Address 4367 HICKORY ROCK DR

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC VP, STRATEGY MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
MM / DD / YYYY
05 / 31 / 2012

Transaction ID : PR8741583668

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. CRAIG MORFORD
Full Name (Last, First, Middle Initial)

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code
WESTERVILLE OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC CHIEF COMPLIANCE/LEG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt
MM / DD / YYYY
05 / 31 / 2012

Transaction ID : PR8741593668

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. BRIAN E DILBONE
Full Name (Last, First, Middle Initial)

Mailing Address 368 ROCKY SPRINGS

City State Zip Code
BLACKLICK OH 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, APPDSGN/DEV SAP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
MM / DD / YYYY
05 / 31 / 2012

Transaction ID : PR8741603668

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **500.60**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. TOHID A VAHEDIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1857 COLLINGSWOOD RD
 City COLUMBUS State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM MED SVCS & S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741633668
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. MICHAEL J J MANGIONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 JONES ROAD
 City CLARENCE State NY Zip Code 14031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741643668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. ERIC J PERLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 15426 COURT AMBER TL
 City CYPRESS State TX Zip Code 77433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TERRITORY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741653668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. JOEL M BARCZAK		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741673668
Mailing Address 1570 COUNTRY WALK DR		Amount of Each Receipt this Period 76.00
City FLEMING ISLAND	State FL	Zip Code 32003
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, DIRECT SALES MGM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. PETER J BURKE		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741683668
Mailing Address 4220 ABBEY CHASE COURT		Amount of Each Receipt this Period 38.00
City HILLIARD	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation VP, SALES OPERATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. WALTER WEIDEMANN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741703668
Mailing Address 7 KIRKCALDY DR		Amount of Each Receipt this Period 38.00
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, SALES TRAINING/
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. SEAN P WATERS
Full Name (Last, First, Middle Initial)

Mailing Address 2621 EAST ARABIAN DRIVE

City GILBERT	State AZ	Zip Code 85296
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CHEM/PHARMA OPS
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8741713668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

B. HENRY M CHILTON
Full Name (Last, First, Middle Initial)

Mailing Address 32 PALISADES PARKWAY

City OAK RIDGE	State TN	Zip Code 37830
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, SALES
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8741723668

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. WILLIAM S S CLAUNCH
Full Name (Last, First, Middle Initial)

Mailing Address 10744 CAMPDEN LAKES BLVD

City DUBLIN	State OH	Zip Code 43016
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, STRATEGY MGMT
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8741733668

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	▶	190.00
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LUKE C AUGUSTINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10834 S 166TH ST
 City OMAHA State NE Zip Code 68136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741743668
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. KATHERINE A NE A BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 NOBB HILL DR
 City HUDSONVILLE State MI Zip Code 49426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741753668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. DANIEL F F MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 WILLOWBROOK RD
 City WEST HARTFORD State CT Zip Code 06107-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741763668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	176.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. BENSON P P YANG
Full Name (Last, First, Middle Initial)
Mailing Address 137 LAKESIDE DRIVE

City CORTE MADERA	State CA	Zip Code 94925
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation VP, MULTI-FUNCTION M
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8741773668

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. CARROLL B B CALLICOTT
Full Name (Last, First, Middle Initial)
Mailing Address 3139 SUMMERLIN DRIVE

City BELDEN	State MS	Zip Code 38826
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation MGR, NUCLEAR PHARMAC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8741783668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. JOSEPH E E LUKACS
Full Name (Last, First, Middle Initial)
Mailing Address 18 VILLAGE GROVE RD

City LITTLE ROCK	State AR	Zip Code 72211
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC	Occupation DIR, NUCLEAR PHARMAC
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR8741813668

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JACK L COFFEY
Full Name (Last, First, Middle Initial)

Mailing Address 200 BAY SHORE DRIVE

City ROCKWOOD State TN Zip Code 37854

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741823668

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. DAO V PHO
Full Name (Last, First, Middle Initial)

Mailing Address 5827 STONECREST DR.

City AGOURA HILLS State CA Zip Code 91301

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONS MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741833668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. JAMES FRIES
Full Name (Last, First, Middle Initial)

Mailing Address 138 NEW CUT ROAD

City WINDER State GA Zip Code 30680

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation DIR, DIRECT SALES MG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741843668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MARC B MULLEN
Full Name (Last, First, Middle Initial)
Mailing Address 1650 SHERBORNE LANE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation SVP, GM PRESOURCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741853668
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. IHSIEN S S LIN
Full Name (Last, First, Middle Initial)
Mailing Address 7664 MILL SPRINGS DRIVE
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, STRATEGIC PRICI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741863668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. WAYNE J BOUDREAUX
Full Name (Last, First, Middle Initial)
Mailing Address 405 PETREL TRAIL
City BRADENTON State FL Zip Code 34212
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, NUCLEAR PHARMAC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8741883668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 176.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 112		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. CRAIG ROTHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 SEMINOLE WAY
 City SHORT HILLS State NJ Zip Code 07078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741893668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. THOMAS J J RAFFERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 HERITAGE COURT
 City DELMONT State PA Zip Code 15626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC SOURCI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741903668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. MICHAEL A A MARUSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 ALPINE CIRCLE
 City SANDY HOOK State CT Zip Code 06482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, ACCOUNT (HEALTH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8741913668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. ANITA ANDERSON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741943668
Mailing Address 27341 DAKOTA AVE.		Amount of Each Receipt this Period 38.00
City ELKO	State MN	Zip Code 55020
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation EXEC, ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) B. CATHY CHENETSKI		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741963668
Mailing Address 5734 ENNISHANNON PLACE		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43016
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, REGULATORY MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) C. AKEEM C IMANJONES		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8741973668
Mailing Address 4955 FANCY-FREE LANE		Amount of Each Receipt this Period 38.00
City COLUMBUS	State OH	Zip Code 43231
FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, HR BUSINESS PAR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. STANLEY K K HAUGHT
Full Name (Last, First, Middle Initial)
Mailing Address 920 LAMBETH DRIVE
City COLUMBUS State OH Zip Code 43220
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, APP DESIGN & DE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8742003668
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. ALFREDO S S RUSSO
Full Name (Last, First, Middle Initial)
Mailing Address 2490 ALUM CROSSING DRIVE
City LEWIS CENTER State OH Zip Code 43035
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, REGULATORY MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8742013668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. DAVID K ORENSTEN
Full Name (Last, First, Middle Initial)
Mailing Address 3641 DAYSPRING DRIVE
City HILLIARD State OH Zip Code 43026
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation ASST GEN CSL, LITIGA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8742023668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 116.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. RICHARD W W WATSON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742033668
Mailing Address PO BOX 991		Amount of Each Receipt this Period 38.00
City SUMNER	State WA	Zip Code 98390
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 209.00	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROGELIO A A ARMINO		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742043668
Mailing Address 6213 BLUFF TRAIL LN		Amount of Each Receipt this Period 38.00
City EL PASO	State TX	Zip Code 79912
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 209.00	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONAL EXC	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ELEANOR M M DAUFENBACH		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742053668
Mailing Address 2029 W. LANE AVENUE		Amount of Each Receipt this Period 38.00
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 209.00	
Name of Employer CARDINAL HEALTH, INC	Occupation DIR, CLINICAL OPS MG	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. PATRICIA A MORRISON
Full Name (Last, First, Middle Initial)

Mailing Address 55 EAST ERIE #3801

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation EVP, CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8742063668

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. MARJORIE E CUMMINS
Full Name (Last, First, Middle Initial)

Mailing Address 5928 ROUNDSTONE

City DUBLIN State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation VP, OPERATIONAL EXCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8742073668

Amount of Each Receipt this Period 76.00

P/R Deduction (\$38.00 Bi-Weekly)

C. MARK BLAKE
Full Name (Last, First, Middle Initial)

Mailing Address 2226 BRYDEN ROAD

City COLUMBUS State OH Zip Code 43209

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDINAL HEALTH, INC Occupation EVP, STRATEGY & CORP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR8742093668

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 560.60

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. URSULA L L MCNEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 376 ROBERTS RUN COVE
 City SUWANEE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, HR BUSINESS PAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742103668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. DIANE CREAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2928 BIRCH ROAD
 City HOMEWOOD State IL Zip Code 60430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, PHARMACY OPERAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742113668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. GILBERTO O QUINTERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6650 BRODIE BLVD
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation SVP, QRA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742123668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 152.00
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. NANCY CAHILL
Full Name (Last, First, Middle Initial)
Mailing Address 9452 E HERITAGE TRAIL DRIVE
City SCOTTSDALE State AZ Zip Code 85255
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, CLINICAL OPS - P
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8742133668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

B. JAMES BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 923 TIMBER LANE
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, CONCEPTUAL PROD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8742143668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. COLIN HATCH
Full Name (Last, First, Middle Initial)
Mailing Address 1351 NOE BIXBY ROAD
City COLUMBUS State OH Zip Code 43232
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation DIR, TAX TECHNICAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8742153668
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. LANE CHERAMIE
Full Name (Last, First, Middle Initial)

Mailing Address 152 WEST 117TH STREET

City State Zip Code
CUT OFF LA 70345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, HEALTH SYSTEM P

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
05 / 31 / 2012

Transaction ID : PR8742163668

Amount of Each Receipt this Period
76.00

P/R Deduction (\$38.00 Bi-Weekly)

B. DOUGLAS HELMREICH
Full Name (Last, First, Middle Initial)

Mailing Address 6600 DEESIDE DR.

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, MARKETING RESEA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt
05 / 31 / 2012

Transaction ID : PR8742173668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. JEFFREY SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 300 W. SPRING STREET #1502

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC SVP, GM P4 HEALTHCAR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1103.30**

Date of Receipt
05 / 31 / 2012

Transaction ID : PR8742193668

Amount of Each Receipt this Period
200.60

P/R Deduction (\$100.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **314.60**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)
A. ROBERT WELLS

Mailing Address 301 BRIDLE PATH LANE

City State Zip Code
 ANNAPOLIS MD 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, ASC GEN CSL, COM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742203668

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARK S JONES

Mailing Address 1106 PORTSMOUTH CIRCLE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC DIR, MKTG & PRODUCT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742213668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ROBERT J J DOONE

Mailing Address 6119 PEPPERGRASS COURT

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CARDINAL HEALTH, INC VP, MARKETING MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742223668

Amount of Each Receipt this Period
 38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 112
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. JEFFREY P P LEDBETTER
Full Name (Last, First, Middle Initial)
Mailing Address 6700 RIDPATH ROAD
City GROVE CITY State OH Zip Code 43123
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation MGR, ACCOUNT MGMT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8742233668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

B. MICHELLE M E M RETHMAN
Full Name (Last, First, Middle Initial)
Mailing Address 6417 BROMFIELD TRACE
City CENTREVILLE State VA Zip Code 20120
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation EXEC, TERRITORY SALE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8742243668
Amount of Each Receipt this Period **38.00**
P/R Deduction (\$19.00 Bi-Weekly)

C. CATHERINE S NE S KENWORTHY
Full Name (Last, First, Middle Initial)
Mailing Address 5000 SLATE RUN WOODS COURT
City COLUMBUS State OH Zip Code 43220
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, CUSTOMER SERVICE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1100.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR8742253668
Amount of Each Receipt this Period **200.00**
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **276.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. KAUSHIK GHOSH		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742273668
Mailing Address 7691 FINBARR COURT		Amount of Each Receipt this Period 38.00
City DUBLIN	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, MKTG & PRODUCT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742283668
Mailing Address 6 MORGAN		Amount of Each Receipt this Period 100.00
City NORWALK	State CT	Zip Code 06851
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation PRES, SPECIALTY SOLU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MARSHA L L ARAGON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742293668
Mailing Address 29306 DAKOTA DR		Amount of Each Receipt this Period 38.00
City VALENCIA	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C	Name of Employer CARDINAL HEALTH, INC	Occupation DIR, OPERATIONS MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	176.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. DANIEL MOVENS
Full Name (Last, First, Middle Initial)

Mailing Address 987 RETREAT LANE

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC SVP/GM, PARMED PHARM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8742313668

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. WILLIAM RENFER
Full Name (Last, First, Middle Initial)

Mailing Address 3328 E PINTAIL WAY

City State Zip Code
ELK GROVE CA 95757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC DIR, OPERATIONS MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8742323668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. STEPHEN J J MEDVE
Full Name (Last, First, Middle Initial)

Mailing Address 271 E WHITTIER ST.

City State Zip Code
COLUMBUS OH 43206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDINAL HEALTH, INC SR RECRUITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR8742333668

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. MATTHEW G G BAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13602 ASHLEY RUN
 City HOUSTON State TX Zip Code 77077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742353668
 Amount of Each Receipt this Period 76.00
 P/R Deduction (\$38.00 Bi-Weekly)

B. RICHARD MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2717 QUEEN ELAINE DRIVE
 City LEWISVILLE State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation DIR, TECHNICAL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742373668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. GAUTAM S S SHIRHATTIKAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5473A BRIARDALE LANE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDINAL HEALTH, INC Occupation VP, STRATEGIC PLNG/E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR8742383668
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial) A. RAMON GREGORY		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742393668
Mailing Address 9003 MEDITERRA PLACE		Amount of Each Receipt this Period 275.00
City DUBLIN State OH Zip Code 43016	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation SVP, CUSTOMER SERVIC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. NICHOLAS S AUGUSTINOS		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR8742413668
Mailing Address 2416 15TH STREET		Amount of Each Receipt this Period 200.00
City SAN FRANCISCO State CA Zip Code 94114	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation SVP, HEALTH INFO & S	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. ROBERT A A HONNER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR9340913668
Mailing Address 7167 SPRINGVIEW LN		Amount of Each Receipt this Period 38.00
City DUBLIN State OH Zip Code 43016	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer CARDINAL HEALTH, INC Occupation DIR, FIN PLNG & ANAL	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 209.00		

SUBTOTAL of Receipts This Page (optional).....▶	288.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 112
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

A. SHAUN F YOUNG
Full Name (Last, First, Middle Initial)
Mailing Address 8415 SUMMERHOUSE DR W
City DUBLIN State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer CARDINAL HEALTH, INC Occupation VP, MKTG & PRODUCT M
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2012
Transaction ID : PR9340943668
Amount of Each Receipt this Period
100.00
P/R Deduction (\$50.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	19621.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Truth Accountability and Courage PAC (TACPAC)

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Truth Accountability and Courage PAC (TACPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : 6375832

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Rogers for Congress

Mailing Address 499 S Capitol St SW Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Michael J. Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : 6375833

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mulvaney For Congress

Mailing Address 499 S Capitol St SW Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Mick Mulvaney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : 6375996

Amount of Each Disbursement this Period

2000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Kay Hagan for US Senate

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Kay R. Hagan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Transaction ID : 6400494

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Kind for Congress

Mailing Address 1250 Eye Street NW Ste 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : 6406110

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress

Mailing Address P.O. Box 3591

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Robert Goodlatte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : 6406112

Amount of Each Disbursement this Period

2500.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : 6411685

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. ORRIN PAC

Mailing Address 6510 Anna Maria Court

City State Zip Code
McLean VA 22101

Purpose of Disbursement
Direct Contribution

011

Candidate Name

ORRIN PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : 6426700

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 122 C Street NW Ste 505

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : 6432181

Amount of Each Disbursement this Period

5000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12500.00

31000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Kasich Taylor for Ohio

Mailing Address 14 East Gay St. 2nd Fl

City Columbus State OH Zip Code 43215

Purpose of Disbursement
John Kasich, GOVERNOR OH

Candidate Name

John Kasich

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : 6387528

Amount of Each Disbursement this Period

11543.00

John Kasich, GOVERNOR OH

Full Name (Last, First, Middle Initial)

B. Team Burke

Mailing Address 275 W 4th St

City Marysville State OH Zip Code 43040-1127

Purpose of Disbursement
David Burke, STATE HOUSE 83rd OH

Candidate Name

David Burke

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 83

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : 6418866

Amount of Each Disbursement this Period

2000.00

David Burke, STATE HOUSE 83rd OH

Full Name (Last, First, Middle Initial)

C. Committee to Elect Chris Widener

Mailing Address 23 S Center St

City Springfield State OH Zip Code 45502-1201

Purpose of Disbursement
Chris Widener, STATE SENATE 10th OH

Candidate Name

Chris Widener

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Transaction ID : 6418878

Amount of Each Disbursement this Period

2500.00

Chris Widener, STATE SENATE 10th OH

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

16043.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City State Zip Code
Strongsville OH 44136

Purpose of Disbursement
Thomas Patton, STATE SENATE 24th OH

Candidate Name
OH Sen. Thomas Patton

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	2

Transaction ID : 6418879

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Thomas Patton, STATE SENATE 24th OH

Full Name (Last, First, Middle Initial)

B. Friends of Faber

Mailing Address 7706 State Route 703

City State Zip Code
Celina OH 45822-2923

Purpose of Disbursement
Keith Faber, STATE SENATE 12th OH

Candidate Name
Keith Faber

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	2

Transaction ID : 6418880

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

C. Committee to Elect Niehaus

Mailing Address 1131 Little Indian Creek Road

City State Zip Code
New Richmond OH 45157-9602

Purpose of Disbursement
Tom Niehaus, STATE SENATE 14th OH

Candidate Name
Tom Niehaus

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	2

Transaction ID : 6418893

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Tom Niehaus, STATE SENATE 14th OH

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jeff McClain

Mailing Address 428 S Sandusky Ave

City State Zip Code
Upper Sandusky OH 43351

Purpose of Disbursement
Jeffrey McClain, STATE HOUSE 82nd OH

Candidate Name

OH Rep. Jeffrey McClain

Office Sought: House
 Senate
 President
State: OH District: 87

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : 6426701

Amount of Each Disbursement this Period

1000.00

Jeffrey McClain, STATE HOUSE 82nd OH

Full Name (Last, First, Middle Initial)

B. Pelanda for State Representative

Mailing Address 4679 Winterset Dr.

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Dorothy Pelanda, STATE HOUSE 83rd OH

Candidate Name

OH Rep. Dorothy Pelanda

Office Sought: House
 Senate
 President
State: OH District: 86

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : 6426702

Amount of Each Disbursement this Period

1000.00

Dorothy Pelanda, STATE HOUSE 83rd OH

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

23043.00